

B,

ATTACHMENT A

page 1 of 18

Title: Method and System for Documenting  
Patient Treatment and Evaluation by Goal or

Outcome/Progress

Inventor: T. Luttrell

Docket #: TAML-100A

**Front Range Open Gait, P.C.**

Fort Collins, CO

**Monthly Treatment and Progress**

Dates Covered: through

Patient:

Ft. Collins, CO

Physician:

Primary Therapist: T. M.S., P.T.

Primary Payer: M.

Secondary Payer:

History:

**Goal Progress Toward Goal**

**Subjective comments**

Pt ill recently, and not tolerating treatment very well today. 60 minutes Therapist: OTR

Still not feeling 100%. 60 minutes Therapist: T. M.S., P.T.

Pt very uncomfortable with significantly increased tone. 60 minutes Therapist: OTR

**Re-evaluation/Clinical assessment.**

Preserve range of motion at bilateral hips with stretching activities in the pool and at home per home exercise program.

Bilateral hip stretching. 60 minutes Therapist: PT

Appropriate wheel chair seating system to accommodate differences in tone since Intrathecal Baclofen pump regime. Modify existing seating system.

60 minutes Therapist: M.S., P.T.

Schedule joint appointment to do foam in place seating. 60 minutes Therapist: M.S., P.T.

Rehab Designs to order additional components for back to facilitate bilateral shoulder protraction. 60 minutes Therapist: M.S., P.T.

Tuesday, January

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T [redacted]

[redacted] through [redacted]

**Goal** **Progress Toward Goal**

[redacted]

Will hold reins with hands in midline for 5 minutes.

OT: Establish bilateral hand splints to decrease tone and improve hand position and function.

[redacted] Pt not using hand splints due to body aches from illness. [redacted]  
60 minutes Therapist: [redacted], OTR

OT: [redacted] bilateral hand splints to decrease tone and improve hand position and function.

OT: Increase active range of motion and upper extremity strength in bilateral upper extremities for improved access to communication device.

[redacted] Range of motion limited today, due to pt not feeling well.  
60 minutes Therapist: [redacted], OTR

[redacted] Passive range of motion on bilateral upper extremities. Pt with increased tone today.  
60 minutes Therapist: [redacted], OTR

[redacted] PROM of bilateral extremities. Pt very sore and tight, complaining of lower back pain.  
60 minutes Therapist: [redacted], OTR

[redacted] PROM performed on bilateral upper extremities, head and trunk.  
60 minutes Therapist: [redacted], OTR

OT: Increase volitional reach to access [redacted]

[redacted] Reaching to make choices. Is improving in accuracy to 9/10 times. [redacted]  
60 minutes Therapist: [redacted], OTR

[redacted] [redacted]  
60 minutes Therapist: [redacted], OTR

**Rehab Potential:** Good

**Plan:** Implement next month's goals

Continue OT/PT 1-2 times per week.

Seating- investigate alternatives to allow functional seating for more than 90 minutes without excessive pressure at IT's or coccyx. Follow up scheduled 1/6/98.

**Therapist Signature:** [redacted] **Date:** [redacted]

**Physician Signature:** [redacted] **Date:** [redacted]

Tuesday, January [redacted]

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Docket #: TAML-100A

1260 Doctors Lane, Suite A

Fort Collins, CO 80524

(970) 498-9310

## Monthly Goals

Dates Covered: through

Patient:

Physician:

Primary Therapist:

Occupational Therapist:

Speech Therapist:

History:

Goal/Outcome Measure

Note

Date

Achieved

Started

Inactivated

Rx

Plan:

[prescription / Rx]

instructions for (later) treatment or remedy

Physical Therapist Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Saturday, December 9, 2000

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[REDACTED]

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- [REDACTED] through [REDACTED]

*Date*      *Achieved*  
*Started*   *Inactivated*

*Physician Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Saturday, December* [REDACTED]

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\*PROGRESS EVAL  
Comparison evaluation


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Patient:

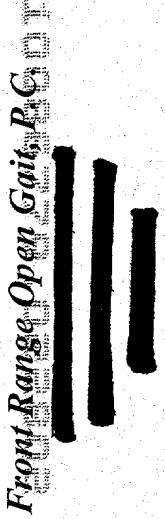
Start Date:

End Date:

Available Tests		Selected Tests
<div></div>	<div>&gt;</div> <div>&gt;&gt;</div> <div>&lt;</div> <div>&lt;&lt;</div>	<div></div>



20230529 15:33:01



# Comprehensive Evaluation

Patient:

Evaluation Date:

Physician:

Primary Therapist:

Primary Payer:

Secondary Payer:

History:

Test	Description	Test Position	Tool	Data	Plane	Therapist
Lower Extremity Musculoskeletal Assessment						
Lower extremity: foot	The patient has decreased one foot balance on left compared to right: <10 sec.			/		
				/		
Trunk & Pelvic Alignment in Standing						
Lordosis						
Scoliosis						
Hip						
Abduction	Hips extended				L R1/R2: /	
					R R1/R2: /	
Extension: Staheli	Use minus sign if extension < 0 °				L Degrees:	
					R Degrees:	
Extension: Thomas	Use minus sign if extension < 0 °				L Degrees:	
					R Degrees:	

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Method and System for Documenting  
Patient Treatment and Evaluation by Goal or  
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Test Description Test Position Tool Data Plane Therapist

Medial/Lateral Rotation: Hips Extended

L M/L: /  
R M/L: /

Medial/Lateral Rotation: Hips Flexed

L M/L: /  
R M/L: /

Knee

Flexion

Hip extended

L R1/R2: /  
R R1/R2: /

MMT- Knee Extension

Varum/Valgum

Indicate use of Intramalleolar Space  
(IMS) or Femoral-Tibial Angle (FTA)

L:  
R:

Physical Therapist Signature:

Date:

Occupational Therapist Signature:

Date:

Speech Pathologist Signature:

Date:

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# Comprehensive Evaluation

Evaluation Date:

Patient:

#Error

Physician:

Primary Therapist:

Primary Payer:

Secondary Payer:

History:

Test	Description	Test Position	Tool Data	Plane	Therapist
Physical Therapist Signature:			#Error #Error Date:		
Occupational Therapist Signature:			Date:		
Speech Pathologist Signature:			Date:		



**Title:** Method and System for Documenting Patient Treatment and Evaluation by Goal or Outcome/Progress

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*Dates Covered:* [REDACTED] though [REDACTED]

[illegible]

## Client Summary

Title: Method and System for Documenting Patient Treatment and Evaluation by Goal or Outcome/Progress  
Inventor: T. Luttrell      Docket #: TAML-100A

1-N [REDACTED] through 31 [REDACTED]

### Patient

**Primary Therapist**

***Last Rx***

### *Last Plan*

**Saturday, December**

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-Front Range Open Gait, P.C.

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Plan Summary

Dates Covered: [redacted] through [redacted]

Patient	Plan
Patient A.M.	<p>Plan Date: [redacted]      Rehab Potential: [redacted]</p> <p>Plan: [redacted]</p> <p>Plan Effective Dates [redacted] through [redacted]</p> <p>PT: [redacted] 5-8 times per month. Treatment to include direct therapeutic activities, neuromuscular re-education for continued trunk strengthening and continued gait training and UEB [redacted]</p> <p>SP: [redacted] per week or 4-8 times per month for 12 weeks for expressive/receptive communication in the home or clinic.</p> <p>OT: Skilled OT services 1-2 times per week to address therapeutic exercise, neuromu [redacted] care management and cognitive skill development. [redacted]</p>
Patient B.M.	<p>Plan Date: [redacted]      Rehab Potential: [redacted]</p> <p>Plan: [redacted]</p> <p>Plan Effective Dates [redacted] through [redacted]</p> <p>SP: Skilled speech therapy 1-2 times per week or 4-8 times per month for feeding issues, [redacted] Patient to be seen at home, clinic, or school environment. [redacted]</p>
Patient C.M.	<p>Plan Date: [redacted]      Rehab Potential: [redacted]</p> <p>Plan: [redacted]</p> <p>Plan Effective Dates [redacted] through [redacted]</p> <p>PT: Patient has been on hold from aquatic therapy this past month. [redacted] Patient may be seen one time per week, 3-5 times per month if family feels it is appropriate at this time. [redacted]</p>

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Plan Summary

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Patient

Plan

Patient D.M.

Plan Date:

Rehab Potential:

Plan:

Plan Effective Dates through

SP: Patient placed on hold until next hippotherapy session; have not seen all month.

PT: Patient is finished with hippotherapy session. Contact will be made with family to discuss continued PT in home or clinic settings one time per week, 3-5 times per month. Treatment will include neuromuscular re-education, gait training, direct therapeutic activities and HEP.

Plan Date:

Rehab Potential:

Plan:

Plan Effective Dates through

PT: Patient has completed hippotherapy sessions. The patient's needs will be re-addressed and patient will be seen once a week in the home or clinic environment. Treatment will include neuromuscular re-education, gait training, direct therapeutic activities and HEP.

Plan Date:

Rehab Potential:

Plan:

Plan Effective Dates through

PT: Patient will receive PT 3 times a month in the home or clinic environment. Treatment will include neuromuscular re-education, gait training and direct therapeutic activities to further his gross motor developmental skills.

Plan Date:

Rehab Potential:

Plan:

Plan Effective Dates through

SP: Skilled speech therapy 1-3 times per week or 4-12 times per month in home, clinic, pool or school environment to increase communication skills.

OT: Skilled OT 1-2 times per week or 4-8 times per month to address therapeutic exercise/HEP, neuromuscular re-education, direct therapeutic activities, ADL self care management and cognitive skill development. Settings to include clinic and home.

Patient G.M.

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Navigation buttons: [Back] [Forward] [Home] [Search] [Print] [Refresh] [Close]

Search bar

## Patients

Name: [Redacted] ☐ Active

Address: [Redacted] Sex: [Redacted]

City: [Redacted] State: [Redacted] Zip Code: [Redacted]

Phone: [Redacted] Phone 2: [Redacted]

SSN: [Redacted] Birth Date: [Redacted]

Primary Insurance: [Redacted] Group #: [Redacted] Policy #: [Redacted]

Second Insurance: [Redacted] Group #: [Redacted] Policy #: [Redacted]

Doctor: [Redacted] Therapist: [Redacted]

History

History text area

Navigation buttons: [Back] [Forward] [Home] [Search] [Print] [Refresh] [Close]

Search bar

## Patients

Name: [Redacted] ☐ Active

Address: [Redacted] Sex: [Redacted]

City: [Redacted] State: [Redacted] Zip Code: [Redacted]

Phone: [Redacted] Phone 2: [Redacted]

SSN: [Redacted] Birth Date: [Redacted]

Primary Insurance: [Redacted] Group #: [Redacted] Policy #: [Redacted]

Second Insurance: [Redacted] Group #: [Redacted] Policy #: [Redacted]

Doctor: [Redacted] Therapist: [Redacted]

History

History text area

Navigation buttons: [Back] [Forward] [Home] [Search] [Print] [Refresh] [Close]

Search bar

2008/06/20 10:00 AM

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Navigation icons: [Back] [Forward] [Home] [Search] [Print] [Close] [Refresh] [Zoom In] [Zoom Out]

**Therapists**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

SSN: \_\_\_\_\_ License: \_\_\_\_\_

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Navigation icons: [Back] [Forward] [Home] [Search] [Print] [Close] [Refresh] [Zoom In] [Zoom Out]

**Therapists**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Doctors Lane #A

City: Fort Collins State: CO Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

SSN: \_\_\_\_\_ License: \_\_\_\_\_

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Navigation icons: [Back] [Forward] [Home] [Search] [Print] [Close] [Refresh] [Zoom In] [Zoom Out]

**Therapists**

Name: \_\_\_\_\_ PT

Address: \_\_\_\_\_

City: Fort Collins State: CO Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

SSN: \_\_\_\_\_ License: \_\_\_\_\_

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Navigation icons: [Back] [Forward] [Home] [Search] [Print] [Close] [Refresh] [Zoom In] [Zoom Out]

**Therapists**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

SSN: \_\_\_\_\_ License: \_\_\_\_\_

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**Practice**

Name	Front Range Open Gait, P.C.		
Address	[REDACTED]		
City	Fort Collins	State	CO
Zip Code	[REDACTED]		
Phone	[REDACTED]	Fax	[REDACTED]
<input type="button" value="OK"/>		<input type="button" value="Cancel"/>	

2025 RELEASE UNDER E.O. 14176

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1  
D<sub>1</sub>

☐ All records



Evaluations

Evaluation Date: 30-Dec

☐ Achieved

Patient

Therapist

PT

Evaluation

Category

Test

Tool

Test Position

sitting

Plane

Sagittal Plane

Note

☐ All records



Evaluations

Evaluation Date: 24-Sep

☐ Achieved

Patient

Therapist

M.S., P.T.

Evaluation

Category

Test

Tool

Test Position

Unilateral Stance

Plane

Frontal Plane

Note

☐ All records



Evaluations

Evaluation Date: 21-Dec

☐ Achieved

Patient

Therapist

PT

Evaluation

Category

Test



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## Categories

Evaluation: Amputee/Prosthetic evaluation

Category: Patient History

Sort Order: 1



## Categories

Evaluation: Amputee/Prosthetic evaluation

Category: Clinical Findings

Sort Order: 1



## Categories

Evaluation: Amputee/Prosthetic evaluation

Category: Subjective

Sort Order: 2



## Categories

Evaluation: Amputee/Prosthetic evaluation

Category: Mental Status

Sort Order: 3



## Categories

Evaluation: Amputee/Prosthetic evaluation

Category: Pain

Sort Order: 4



## Categories

Evaluation: Functional Profile - Lower Extremity

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**Tests**

Evaluation: Amputee/Prosthetic evaluation

Category: Clinical Findings

Test: \_\_\_\_\_

Description: \_\_\_\_\_

Data Label: \_\_\_\_\_

☐ Two Values

☐ Left/Right

Tools: Please select the valid tool choices for this test.

AF	Angle Finder
BPG	Biplane Goniometer
MMT	Manual Muscle Test
Ruler	Ruler
Time	Stop Watch
UG	Universal Goniometer

**Tests**

Evaluation: Functional Profile - Lower Extremity

Category: Excursion Tests

Test: \_\_\_\_\_

Description: \_\_\_\_\_

Data Label: \_\_\_\_\_

☐ Two Values

☐ Left/Right

Tools: Please select the valid tool choices for this test.

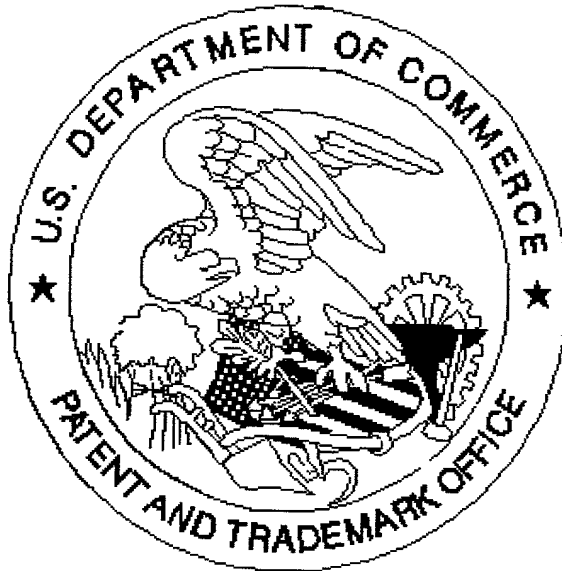
AF	Angle Finder
BPG	Biplane Goniometer
MMT	Manual Muscle Test
Ruler	Ruler
Time	Stop Watch
UG	Universal Goniometer

**Tests**

Evaluation: Lower Extremity Musculoskeletal Assessment

2003200 6/1999T

United States Patent & Trademark Office  
Office of Initial Patent Examination -- Scanning Division



Application deficiencies found during scanning:

☐ Page(s) \_\_\_\_\_ of \_\_\_\_\_ were not present  
for scanning. (Document title)

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for scanning. (Document title)

☒ **Scanned copy is best available.**

*Some pages in the  
Attachment are Dark*